

BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)
Against:)

Francisco H. Martinez, P.A.)

Case No. 950-2019-002238

Physician Assistant)
License No. PA 12506)

Respondent)
_____)

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Physician Assistant Board, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 19, 2023.

IT IS SO ORDERED December 20, 2022

PHYSICIAN ASSISTANT BOARD

By: 

Juan Armenta, President

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
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8
9 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **FRANCISCO H. MARTINEZ, P.A.**
14 **12439 Pino Way**
15 **Nevada City, CA 95959**

16 **Physician Assistant License No. PA 12506**

17 **Respondent.**

Case No. 950-2019-002238

OAH No. 2022020639

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Rozana Khan (Complainant) is the Executive Officer of the Physician Assistant
23 Board (Board). She brought this action solely in her official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Ryan J. Yates, Deputy
25 Attorney General.

26 2. Respondent Francisco H. Martinez, P.A. (Respondent) is represented in this
27 proceeding by attorney Terilynn Diepenbrock, whose address is: Kronick, Moskowitz, Tiedemann
28 & Girard, 1331 Garden Hwy 2nd Floor, Sacramento, CA 95833.

3. On or about March 12, 1990, the Board issued Physician Assistant License No. PA 12506 to Francisco H. Martinez, P.A. (Respondent). The Physician Assistant License was in full force and effect at all times relevant to the charges brought in Accusation No. 950-2019-002238, and will expire on December 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 950-2019-002238 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 9, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 950-2019-002238 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 950-2019-002238. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 950-2019-002238, if proven at a hearing, constitute cause for imposing discipline upon his Physician Assistant License.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. If Respondent should petition for early termination or modification of probation, or if an Accusation and/or Petition to Revoke Probation is filed against the Respondent before the Board, or Respondent should ever apply or reapply for a new license or certification, and/or file a petition for reinstatement of a license, before the Board or any other health care licensing action agency in the State of California, all of the charges and allegations contained in the Accusation No. 950-2019-002238 shall be deemed to be true, correct, and fully admitted by Respondent for the purpose of any Statement of Issues or any disciplinary proceeding seeking to deny, restrict, or revoke licensure or any petition proceeding seeking to reinstate licensure or modify probation.

12. Respondent agrees that his Physician Assistant License is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the Physician Assistant Board. Respondent understands and agrees that counsel for Complainant and the staff of the Physician Assistant Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician Assistant License No. PA 12506 issued to Respondent Francisco H. Martinez, P.A. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five months, on the following terms and conditions:

1. CONTROLLED DRUGS-MAINTAIN RECORD Respondent shall maintain a record of all controlled substances administered, transmitted orally or in writing on a patient's record or handed to a patient by the respondent during probation showing all the following: 1) the name and address of the patient, 2) the date, 3) the character and quantity of controlled substances involved, 4) the indications and diagnosis for which the controlled substance was furnished, and 5) the name of supervising physician prescriber.

Respondent shall keep these records at the worksite in a separate file or ledger, in chronological order, and shall make them available for immediate inspection and copying by the Board or its designee, on the premises at all times during business hours, upon request and without charge.

2. CONTROLLED DRUGS - DRUG ORDER AUTHORITY Respondent shall not administer, issue a drug order, or hand to a patient or possess any controlled substances as defined by the California Uniform Controlled Substances Act from the opioid or benzodiazepine classes of controlled substances.

3. EDUCATION COURSE Within 60 days of the effective date of the decision, respondent shall submit to the Board or its designee for its prior approval an educational program or course from an accredited program which shall not be less than 40 hours of Category 1 CME. The education course shall be aimed at correcting any areas of deficient practice or knowledge. The course shall be Category I certified, limited to classroom, conference, or seminar settings. Respondent shall successfully complete the course within the first year of probation.

Respondent shall pay the cost of the course.

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee within 15 days after completing the course.

3 4. PREScribing PRACTICES COURSE Within 60 calendar days of the effective
4 date of this decision, respondent shall enroll in a course in prescribing practices equivalent to the
5 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
6 University of California, San Diego School of Medicine (program), approved in advance by the
7 Board or its designee. Respondent shall provide the program with any information and
8 documents that the program may deem pertinent. Respondent shall participate in and
9 successfully complete the classroom component of the course not later than six (6) months after
10 respondent's initial enrollment. Respondent shall successfully complete any other component of
11 the course within one (1) year of enrollment. The prescribing practices course shall be in addition
12 to the Continuing Medical Education (CME) requirements for renewal of licensure.

13 Respondent shall pay the cost of the course. The program shall determine whether
14 respondent successfully completes the course.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the decision, whichever is later.

18 5. MAINTENANCE OF PATIENT MEDICAL RECORDS

19 Respondent shall keep written medical records for each patient contact (including all visits
20 and phone calls) at the worksite and shall make them available for immediate inspection by the
21 Board or its designee on the premises at all times during business hours.

22 6. ON-SITE SUPERVISION

23 A supervising physician shall be on site at all times respondent is practicing.

24 7. WORK SITE MONITOR

25 Respondent shall have a worksite monitor as required by this term. The worksite monitor
26 shall not have any current or former financial, personal, or familial relationship with the licensee,
27 or other relationship that could reasonably be expected to compromise the ability of the monitor
28 to render impartial and unbiased reports to the Board. If it is impractical for anyone but the

1 licensee's employer or supervising physician to serve as the worksite monitor, this requirement
2 may be waived by the Board. However, under no circumstances shall a licensee's worksite
3 monitor be an employee of the licensee.

4 The worksite monitor's license scope of practice shall include the scope of practice of the
5 licensee who is being monitored or be another health care professional if no monitor with like
6 scope of practice is available.

7 The worksite monitor shall have an active unrestricted license, with no disciplinary action
8 within the last five (5) years.

9 The worksite monitor shall sign an affirmation that he or she has reviewed the terms and
10 conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by
11 the Board.

12 The worksite monitor must adhere to the following required methods of monitoring the
13 licensee:

- 14 a) Have face-to-face contact with the licensee at least once per week in the work
15 environment or more frequently if required by the Board.
16 b) Interview other staff in the office regarding the licensee's behavior, if applicable.
17 c) Review the licensee's work attendance.

18 The worksite monitor shall complete and submit a written report monthly or as directed by
19 the Board. The report shall include: the licensee's name; license number; worksite monitor's name
20 and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-
21 face contact with monitor; staff interviewed if applicable; attendance report; any change in
22 behavior and/or personal habits.

23 The licensee shall complete the required consent forms and sign an agreement with the
24 worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

25 8. APPROVAL OF SUPERVISING PHYSICIAN Within 30 days of the effective date
26 of this decision, respondent shall submit to the Board or its designee for its prior approval the
27 name and license number of the supervising physician and a practice plan detailing the nature and
28 frequency of supervision to be provided. Respondent shall have the supervising physician submit

1 quarterly reports to the Board or its designee.

2 If the supervising physician resigns or is no longer available, respondent shall, within 15
3 days, submit the name and license number of a new supervising physician for approval.

4 Respondent shall not practice until a new supervising physician has been approved by the Board
5 or its designee.

6 9. NOTIFICATION OF EMPLOYER AND SUPERVISING PHYSICIAN

7 Respondent shall notify his/her current and any subsequent employer and supervising
8 physician(s) of the discipline and provide a copy of the Accusation, Decision, and Order to each
9 employer and supervising physician(s) during his/her period of probation, before accepting or
10 continuing employment. Respondent shall ensure that each employer informs the Board or its
11 designee, in writing within 30 days, verifying that the employer and supervising physician(s) have
12 received a copy of the Accusation, Decision, and Order.

13 This condition shall apply to any change(s) in place of employment.

14 The respondent shall provide to the Board or its designee the names, physical addresses,
15 mailing addresses, and telephone numbers of all employers, supervising physicians, and work site
16 monitor, and shall inform the Board or its designee in writing of the facility or facilities at which
17 the person practices as a physician assistant.

18 Respondent shall give specific, written consent to the Board or its designee to allow the
19 Board or its designee to communicate with the employer, supervising physician, or work site
20 monitor regarding the licensee's work status, performance, and monitoring.

21 10. OBEY ALL LAWS Respondent shall obey all federal, state, and local laws, and all
22 rules governing the practice of medicine as a physician assistant in California, and remain in full
23 compliance with any court ordered criminal probation, payments, and other orders.

24 11. QUARTERLY REPORTS Respondent shall submit quarterly declarations under
25 penalty of perjury on forms provided by the Board or its designee, stating whether there has been
26 compliance with all the conditions of probation.

27 12. OTHER PROBATION REQUIREMENTS Respondent shall comply with the
28 Board's probation unit. Respondent shall, at all times, keep the Board and probation unit

1 informed of respondent's business and residence addresses. Changes of such addresses shall be
2 immediately communicated in writing to the Board and probation unit. Under no circumstances
3 shall a post office box serve as an address of record, except as allowed by California Code of
4 Regulations, title 16, section 1399.511.

5 Respondent shall appear in person for an initial probation interview with Board or its
6 designee within 90 days of the decision. Respondent shall attend the initial interview at a time
7 and place determined by the Board or its designee.

8 Respondent shall, at all times, maintain a current and renewed physician assistant license.

9 Respondent shall also immediately inform the probation unit, in writing, of any travel to
10 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than
11 thirty (30) days.

12 13. INTERVIEW WITH MEDICAL CONSULTANT Respondent shall appear in
13 person for interviews with the Board's medical or expert physician assistant consultant upon
14 request at various intervals and with reasonable notice.

15 14. NON-PRACTICE WHILE ON PROBATION Respondent shall notify the Board or
16 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
17 30 calendar days. Non-practice is defined as any period of time exceeding 30 calendar days in
18 which respondent is not practicing as a physician assistant. Respondent shall not return to
19 practice until the supervising physician is approved by the Board or its designee.

20 If, during probation, respondent moves out of the jurisdiction of California to reside or
21 practice elsewhere, including federal facilities, respondent is required to immediately notify the
22 Board in writing of the date of departure and the date of return, if any.

23 Practicing as a physician assistant in another state of the United States or federal
24 jurisdiction while on active probation with the physician assistant licensing authority of that state
25 or jurisdiction shall not be considered non-practice.

26 All time spent in a clinical training program that has been approved by the Board or its
27 designee, shall not be considered non-practice. Non-practice due to a Board ordered suspension
28 or in compliance with any other condition or probation, shall not be considered a period of non-

1 practice.

2 Any period of non-practice, as defined in this condition, will not apply to the reduction of
3 the probationary term.

4 Periods of non-practice do not relieve respondent of the responsibility to comply with the
5 terms and conditions of probation.

6 It shall be considered a violation of probation if for a total of two years, respondent fails to
7 practice as a physician assistant. Respondent shall not be considered in violation for non-practice
8 as long as respondent is residing and practicing as a physician assistant in another state of the
9 United States and is on active probation with the physician assistant licensing authority of that
10 state, in which case the two year period shall begin on the date probation is completed or
11 terminated in that state.

12 15. UNANNOUNCED CLINICAL SITE VISIT The Board or its designee may make
13 unannounced clinical site visits at any time to ensure that respondent is complying with all terms
14 and conditions of probation.

15 16. CONDITION FULFILLMENT A course, evaluation, or treatment completed after
16 the acts that gave rise to the charges in the accusation, but prior to the effective date of the
17 Decision may, in the sole discretion of the Board or its designee, be accepted towards the
18 fulfillment of the condition.

19 17. COMPLETION OF PROBATION Respondent shall comply with all financial
20 obligations (e.g., cost recovery, probation costs) no later than 60 calendar days prior to the
21 completion of probation. Upon successful completion of probation, respondent's license will be
22 fully restored.

23 18. VIOLATION OF PROBATION If respondent violates probation in any respect, the
24 Board, after giving respondent notice and the opportunity to be heard, may revoke probation and
25 carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is
26 filed against respondent during probation, the Board shall have continuing jurisdiction until the
27 matter is final, and the period of probation shall be extended until the matter is final.

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1 19. COST RECOVERY The respondent is hereby ordered to reimburse the Physician
2 Assistant Board the amount of \$17,000.00 within 90 days from the effective date of this decision
3 for its investigative costs. Failure to reimburse the Board's costs for its investigation shall
4 constitute a violation of the probation order. Alternately, the Board agrees to payment by an
5 installment plan, which Respondent will organize with his probation monitor. The filing of
6 bankruptcy by the respondent shall not relieve the respondent of his responsibility to reimburse
7 the Board for its investigative costs.

8 20. PROBATION MONITORING COSTS Respondent shall pay the costs associated
9 with probation monitoring each and every year of probation, as designated by the Board, which
10 may be adjusted on an annual basis. The costs shall be made payable to the Physician Assistant
11 Board and delivered to the Board no later than January 31 of each calendar year.

12 21. VOLUNTARY LICENSE SURRENDER Following the effective date of this
13 probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable
14 to satisfy the terms and conditions of probation, respondent may request, in writing, the
15 voluntarily surrender of respondent's license to the Board. Respondent's written request to
16 surrender his or her license shall include the following: his or her name, license number, case
17 number, address of record, and an explanation of the reason(s) why respondent seeks to surrender
18 his or her license. The Board reserves the right to evaluate the respondent's request and to
19 exercise its discretion whether to grant the request, or to take any other action deemed appropriate
20 and reasonable under the circumstances. Respondent shall not be relieved of the requirements of
21 his or her probation unless the Board or its designee notifies respondent in writing that
22 respondent's request to surrender his or her license has been accepted. Upon formal acceptance
23 of the surrender, respondent shall, within 15 days, deliver respondent's wallet and wall certificate
24 to the Board or its designee and shall no longer practice as a physician assistant. Respondent will
25 no longer be subject to the terms and conditions of probation and the surrender of respondent's
26 license shall be deemed disciplinary action. If respondent re-applies for a physician assistant
27 license, the application shall be treated as a petition for reinstatement of a revoked license.

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Terilynn Diepenbrock. I understand the stipulation and the effect it
4 will have on my Physician Assistant License. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Physician Assistant Board.

7
8 DATED: 10/3/22 Francisco H. Martinez PA
9 FRANCISCO H. MARTINEZ, P.A.
Respondent

10 I have read and fully discussed with Respondent Francisco H. Martinez, P.A. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: Oct 4, 2022 [Signature]
14 TERILYNN DIEPENBROCK
Attorney for Respondent

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2 **ENDORSEMENT**

3 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
4 submitted for consideration by the Physician Assistant Board.

5 DATED: 10/4/22
6

Respectfully submitted,

7 ROB BONTA
Attorney General of California
8 STEVE DEHL
Supervising Deputy Attorney General

9 

10 RYAN J. YATES
11 Deputy Attorney General
Attorneys for Complainant
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15 SA2021302844
16 Stipulated settlement agreement.docx
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Exhibit A

Accusation No. 950-2019-002238

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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

Case No. 950-2019-002238

14 **FRANCISCO H. MARTINEZ, P.A.**
12439 Pino Way
15 Nevada City, CA 95959

ACCUSATION

16 **Physician Assistant License No. PA 12506**

17 Respondent.
18

19 Complainant alleges:

20 **PARTIES**

21 1. Rozana Khan (Complainant) brings this Accusation solely in her official capacity as
22 the Executive Officer of the Physician Assistant Board (Board), Department of Consumer Affairs.

23 2. On or about March 12, 1990, the Physician Assistant Board issued Physician
24 Assistant License Number PA 12506 to Francisco H. Martinez, P.A. (Respondent). That license
25 was in full force and effect at all times relevant to the charges brought herein and will expire on
26 December 31, 2023, unless renewed.

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28 ///

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 3502 of the Code states:

(a) Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:

(1) The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(2) The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.

(3) The PA is competent to perform the services.

(4) The PA's education, training, and experience have prepared the PA to render the services.

(b) (1) Notwithstanding any other law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from a supervising physician and surgeon.

(2) A supervising physician and surgeon shall be available to the physician assistant for consultation when assistance is rendered pursuant to this subdivision. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) Nothing in regulations shall require that a physician and surgeon review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a physician assistant for a specified duration.

(d) This chapter does not authorize the performance of medical services in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

///

1 (3) The prescribing of contact lenses for, or the fitting or adaptation of contact
2 lenses to, the human eye.

3 (4) The practice of dentistry or dental hygiene or the work of a dental auxiliary
4 as defined in Chapter 4 (commencing with Section 1600).

5 (e) This section shall not be construed in a manner that shall preclude the
6 performance of routine visual screening as defined in Section 3501.

7 (f) Notwithstanding any other law, a PA rendering services in a general acute care
8 hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a
9 physician and surgeon with privileges to practice in that hospital. Within a general acute
10 care hospital, the practice agreement shall establish policies and procedures to identify a
11 physician and surgeon who is supervising the PA.

12 5. Section 3502.1 of the Code states:

13 In addition to the medical services authorized in the regulations adopted
14 pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish
15 or order a drug or device subject to all of the following:

16 (a) The PA shall furnish or order a drug or device in accordance with the
17 practice agreement and consistent with the PA's educational preparation or for which
18 clinical competency has been established and maintained.

19 (b)(1) A practice agreement authorizing a PA to order or furnish a drug or
20 device shall specify which PA or PA's may furnish or order a drug or device, which
21 drugs or devices may be furnished or ordered, under what circumstances, the extent
22 of physician and surgeon supervision, the method of periodic review of the PA's
23 competence, including peer review, and review of the practice agreement.

24 (2) In addition to the requirements in paragraph (1), if the practice agreement
25 authorizes the PA to furnish a Schedule II controlled substance, the practice
26 agreement shall address the diagnosis of the illness, injury, or condition for which the
27 PA may furnish the Schedule II controlled substance.

28 (c) The PA shall furnish or order drugs or devices under physician and surgeon
supervision. This subdivision shall not be construed to require the physical presence
of the physician and surgeon, but does require the following:

(1) Adherence to adequate supervision as agreed to in the practice agreement.

(2) The physician and surgeon be available by telephone or other electronic
communication method at the time the PA examines the patient.

(d)(1) Except as provided in paragraph (2), the PA may furnish or order only
those Schedule II through Schedule V controlled substances under the California
Uniform Controlled Substances Act (Division 10 (commencing with Section 11000)
of the Health and Safety Code) that have been agreed upon in the practice agreement.

(2) The PA may furnish or order Schedule II or III controlled substances, as
defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in
accordance with the practice agreement or a patient-specific order approved by the
treating or supervising physician and surgeon.

1 (e)(1) The PA has satisfactorily completed a course in pharmacology covering
2 the drugs or devices to be furnished or ordered under this section or has completed a
3 program for instruction of PAs that meet the requirements of Section 1399.530 of
4 Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.

5 (2) A physician and surgeon through a practice agreement may determine the
6 extent of supervision necessary pursuant to this section in the furnishing or ordering
7 of drugs and devices.

8 (3) PAs who hold an active license, who are authorized through a practice
9 agreement to furnish Schedule II controlled substances, and who are registered with
10 the United States Drug Enforcement Administration, and who have not successfully
11 completed a one-time course in compliance with Sections 1399.610 and 1399.612 of
12 Title 16 of the California Code of Regulations, as those provisions read on June 7,
13 2019, shall complete, as part of their continuing education requirements, a course that
14 covers Schedule II controlled substances, and the risks of addiction associated with
15 their use, based on the standards developed by the board. The board shall establish the
16 requirements for satisfactory completion of this subdivision. Evidence of completion
17 of a course meeting the standards, including pharmacological content, established in
18 Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as
19 those provisions read on June 7, 2019, shall be deemed to meet the requirements of
20 this section.

21 (f) For purposes of this section:

22 (1) "Furnishing" or "ordering" shall include the following:

23 (A) Ordering a drug or device in accordance with the practice agreement.

24 (B) Transmitting an order of a supervising physician and surgeon.

25 (C) Dispensing a medication pursuant to Section 4170.

26 (2) "Drug order" or "order" means an order for medication that is dispensed to
27 or for an ultimate user, issued by a PA as an individual practitioner, within the
28 meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(g) Notwithstanding any other law, (1) a drug order issued pursuant to this
section shall be treated in the same manner as a prescription of a supervising
physician; (2) all references to "prescription" in this code and the Health and Safety
Code shall include drug orders issued by physician assistants; and (3) the signature of
a PA on a drug order issued in accordance with this section shall be deemed to be the
signature of a prescriber for purposes of this code and the Health and Safety Code.

6. Section 3504¹ of the Code provides in pertinent part for the existence of the Physician
Assistant Board within the jurisdiction of the Medical Board of California.

7. Section 3527 of the Code states:

¹ Section 3504 was amended per the Board's Sunset Bill SB 806. It makes various
technical changes requested by the Board, including deleting outdated requirements related to
examination and removing references to the Board being under the jurisdiction of the Medical
Board. This change will become effective January 1, 2022.

1 (a) The board may order the denial of an application for, or the issuance subject
2 to terms and conditions of, or the suspension or revocation of, or the imposition of
3 probationary conditions upon a PA license after a hearing as required in Section 3528
4 for unprofessional conduct that includes, but is not limited to, a violation of this
5 chapter, a violation of the Medical Practice Act, or a violation of the regulations
6 adopted by the board or the Medical Board of California.

7 (b) The board may order the denial of an application for, or the suspension or
8 revocation of, or the imposition of probationary conditions upon, an approved
9 program after a hearing as required in Section 3528 for a violation of this chapter or
10 the regulations adopted pursuant thereto.

11 (c) The Medical Board of California may order the imposition of probationary
12 conditions upon a physician and surgeon's authority to supervise a PA, after a hearing
13 as required in Section 3528, for unprofessional conduct, which includes, but is not
14 limited to, a violation of this chapter, a violation of the Medical Practice Act, or a
15 violation of the regulations adopted by the board or the Medical Board of California.

16 (d) The board may order the denial of an application for, or the suspension or
17 revocation of, or the imposition of probationary conditions upon, a PA license, after a
18 hearing as required in Section 3528 for unprofessional conduct that includes, except
19 for good cause, the knowing failure of a licensee to protect patients by failing to
20 follow infection control guidelines of the board, thereby risking transmission of
21 bloodborne infectious diseases from licensee to patient, from patient to patient, and
22 from patient to licensee. In administering this subdivision, the board shall consider
23 referencing the standards, regulations, and guidelines of the State Department of
24 Health developed pursuant to Section 1250.11 of the Health and Safety Code and the
25 standards, regulations, and guidelines pursuant to the California Occupational Safety
26 and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the
27 Labor Code) for preventing the transmission of HIV, hepatitis B, and other
28 bloodborne pathogens in health care settings. As necessary, the board shall consult
with the Medical Board of California, the Osteopathic Medical Board of California,
the Podiatric Medical Board of California, the Dental Board of California, the Board
of Registered Nursing, and the Board of Vocational Nursing and Psychiatric
Technicians of the State of California to encourage appropriate consistency in the
implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility
of licensees and others to follow infection control guidelines, and of the most recent
scientifically recognized safeguards for minimizing the risk of transmission of
bloodborne infectious diseases.

(e) The board may order the licensee to pay the costs of monitoring the
probationary conditions imposed on the license.

(f) The expiration, cancellation, forfeiture, or suspension of a PA license by
operation of law or by order or decision of the board or a court of law, the placement
of a license on a retired status, or the voluntary surrender of a license by a licensee
shall not deprive the board of jurisdiction to commence or proceed with any
investigation of, or action or disciplinary proceeding against, the licensee or to render
a decision suspending or revoking the license.

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1 8. Section 3528 of the Code provides in pertinent part that any proceedings involving
2 the denial, suspension, or revocation of the application for licensure or the license of a PA or the
3 application for approval or the approval of an approved program under this chapter shall be
4 conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division
5 3 of Title 2 of the Government Code.

6 9. Section 2234 of the Code states, in pertinent part:

7 The board shall take action against any licensee who is charged with unprofessional
8 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
9 limited to, the following:

10 (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting
11 the violation of, or conspiring to violate any provision of this chapter.

12 (b) Gross negligence.

13 (c) Repeated negligent acts. To be repeated, there must be two or more
14 negligent acts or omissions. An initial negligent act or omission followed by a
15 separate and distinct departure from the applicable standard of care shall constitute
16 repeated negligent acts.

17 (1) An initial negligent diagnosis followed by an act or omission medically
18 appropriate for that negligent diagnosis of the patient shall constitute a single
19 negligent act.

20 (2) When the standard of care requires a change in the diagnosis, act, or
21 omission that constitutes the negligent act described in paragraph (1), including, but
22 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
23 licensee's conduct departs from the applicable standard of care, each departure
24 constitutes a separate and distinct breach of the standard of care.

25 "..."

26 Section 125.3 of the Code states, in pertinent part, that the Board may request the
27 administrative law judge to direct a licensee found to have committed a violation or violations of
28 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
enforcement of the case.

10 10. California Code of Regulations, title 16, section 1399.521 states:

11 In addition to the grounds set forth in section 3527, subdivision (a), of the
12 Code, the board may deny, issue subject to terms and conditions, suspend, revoke or
13 place on probation a physician assistant for the following causes: (a) Any violation of
14 the State Medical Practice Act which would constitute unprofessional conduct for a
15 physician and surgeon. (b) Using fraud or deception in passing an examination

administered or approved by the board. (c) Practicing as a physician assistant under a physician who has been prohibited by the Medical Board of California or the Osteopathic Medical Board of California from supervising physician assistants. (d) Performing medical tasks which exceed the scope of practice of a physician assistant as prescribed in these regulations.

PERTINENT DRUG INFORMATION

11. Acetaminophen with Codeine Phosphate – Generic name for the drug Tylenol with Codeine III. Acetaminophen with codeine phosphate is classified as an opioid analgesic and antitussive combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Acetaminophen with codeine phosphate was a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e). Currently, it is a Schedule II controlled substance.² Acetaminophen with codeine phosphate is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

12. Carisoprodol – Generic name for Soma. Carisoprodol is a centrally acting skeletal muscle relaxant. On January 11, 2012, Carisoprodol was classified a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

13. Clonazepam – Generic name for Klonopin. Clonazepam is an anti-anxiety medication in the benzodiazepine family used to prevent seizures, panic disorder and akathisia. Clonazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Diazepam – Generic name for Valium. Diazepam is a long-acting member of the benzodiazepine family used for the treatment of anxiety and panic attacks. Diazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section

² On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations Title 21 section 1308.12.

1 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a dangerous drug
2 pursuant to Business and Professions Code section 4022.

3 15. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and
4 Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination
5 product used to treat moderate to moderately severe pain. Prior to October 6, 2014, Hydrocodone
6 with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal
7 Regulations Title 21 section 1308.13(e). Currently, it is a Schedule II controlled substance.³
8 Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business and
9 Professions Code section 4022 and is a Schedule II controlled substance pursuant to California
10 Health and Safety Code section 11055, subdivision (b).

11 16. Morphine – Generic name for the drug MS Contin. Morphine is an opioid analgesic
12 drug. It is the main psychoactive chemical in opium. Like other opioids, such as oxycodone,
13 hydromorphone, and heroin, morphine acts directly on the central nervous system (CNS) to
14 relieve pain. Morphine is a Scheduled II controlled substance pursuant to Code of Federal
15 Regulations Title 21 section 1308.12. Morphine is a Schedule II controlled substance pursuant to
16 Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and
17 Professions Code section 4022.

18 17. Promethazine with codeine syrup – Generic for the drug Phenergan with Codeine and
19 others. Promethazine with codeine syrup is an antihistamine and antitussive agent used to
20 temporarily relieve cough and upper respiratory symptoms associated with allergy or the common
21 cold. Promethazine with codeine syrup is a Schedule V controlled substance pursuant to Code of
22 Federal Regulations Title 21 Section 1308.15(c). Promethazine with codeine syrup is a
23 dangerous drug as defined by California Business and Professions Code section 4022 and a
24 Schedule V controlled substance pursuant to California Health and Safety Code section 11058(c).

25 18. Temazepam – Generic name for Restoril. Temazepam is an intermediate-acting
26 benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance

27 ³ On October 6, 2014, Hydrocodone combination products were reclassified as Schedule
28 II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations
Title 21 section 1308.12.

pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

19. Zolpidem Tartrate – Generic name for Ambien. Zolpidem Tartrate is a sedative and hypnotic used for short term treatment of insomnia. Zolpidem Tartrate is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

COST RECOVERY

20. Section 125.3 of the Code states:

“(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceedings, the administrative law judge may direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

“(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

“(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

“(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

1 “(e) If an order for recovery of costs is made and timely payment is not made as directed in
2 the board's decision, the board may enforce the order for repayment in any appropriate court.
3 This right of enforcement shall be in addition to any other rights the board may have as to any
4 licentiate to pay costs.

5 “(f) In any action for recovery of costs, proof of the board's decision shall be conclusive
6 proof of the validity of the order of payment and the terms for payment.

7 “(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the
8 license of any licentiate who has failed to pay all of the costs ordered under this section.

9 (2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or
10 reinstate for a maximum of one year the license of any licentiate who demonstrates financial
11 hardship and who enters into a formal agreement with the board to reimburse the board within
12 that one-year period for the unpaid costs.

13 “(h) All costs recovered under this section shall be considered a reimbursement for costs
14 incurred and shall be deposited in the fund of the board recovering the costs to be available upon
15 appropriation by the Legislature.

16 “(i) Nothing in this section shall preclude a board from including the recovery of the costs
17 of investigation and enforcement of a case in any stipulated settlement.

18 “(j) This section does not apply to any board if a specific statutory provision in that board's
19 licensing act provides for recovery of costs in an administrative disciplinary proceeding.

20 “(k) Notwithstanding the provisions of this section, the Medical Board of California shall
21 not request nor obtain from a physician and surgeon, investigation and prosecution costs for a
22 disciplinary proceeding against the licentiate. The board shall ensure that this subdivision is
23 revenue neutral with regard to it and that any loss of revenue or increase in costs resulting from
24 this subdivision is offset by an increase in the amount of the initial license fee and the biennial
25 renewal fee, as provided in subdivision (e) of Section 2435.”

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 21. Respondent's license is subject to disciplinary action under Section 2234, subdivision
4 (b), of the Code, in that he committed gross negligence during the care and treatment of Patients
5 A, B, and C. The circumstances are as follows:

6 **Patient A**

7 22. On or about July 10, 2015, Patient A,⁴ a then 89-year old woman, was first seen by
8 Respondent. Patient A had a history of insomnia. Between on or about March 17, 2016, and July
9 20, 2018, Respondent prescribed Patient A Temazepam (up to 30 capsules per month of 30
10 milligram doses). On or about October 17, 2016, and July 20, 2018, Respondent prescribed Patient
11 A Acetaminophen with Codeine Phosphate (60 tablets of 300 milligram / 30 milligram doses).
12 Between on or about November 8, 2016, 2016, and December 26, 2017, Respondent prescribed
13 Patient A Zolpidem tartrate (30 capsules per month of 10 milligram doses). On or about June 6,
14 2018, Respondent prescribed Patient A Hydrocodone-Bitartrate with Acetaminophen (30 tablets of
15 325 milligram / 5 milligram doses).

16 23. Based on Patient A's age—continuing prescriptions of benzodiazepines and/or sedative
17 hypnotics for insomnia, for a longer than 90 day period—could result in increased risk of patient
18 harm.⁵ However, between on or about June 28, 2016, and October 6, 2016, Respondent continued
19 prescribing Temazepam (a benzodiazepine) to Patient A for insomnia, following her initial 90 days
20 on the medication. Additionally, between on or about November 8, 2016 and December 26, 2017,
21 Respondent prescribed Patient A Zolpidem tartrate (a sedative hypnotic) to Patient A for insomnia,
22 following her initial 90 days on the medication.

23 24. On or about November of 2017, Patient A's son (Son) visited her for Thanksgiving.
24 During the visit, Son observed Patient A drink some wine, then shortly after, Patient A took her
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27 ⁴ To protect the privacy of all patients involved, patient names have not been included in
this pleading. Respondent is aware of the identity of the patients referred to herein.

28 ⁵ Those increased risks include, but are not limited to: cognitive impairment, delirium,
falls, fractures, and motor vehicle accidents in older adults.

prescribed medications prior to going to bed. After taking the medication, Son observed Patient A unable to walk or stand.

25. On or about February 4, 2018, Son visited Patient A for her birthday. During the visit, Son observed Patient A slurring her words and unable to walk. Following that interaction, Patient A and Son spoke on the phone. During the conversation, Patient A stated to Son that she had been taking Zolpidem for several years, as prescribed to her.

26. Respondent's care and treatment of Patient A was grossly negligent in the following respects:

a. Respondent failed to end Patient A's temazepam and zolpidem prescriptions after a maximum of 90 days, based on Patient A's age.

Patient B

27. In or about November of 2014, Respondent began seeing, Patient B, a then 77 year-old male with a history of chronic back pain, diabetes and anxiety disorder.

28. The Board obtained certified pharmacy profiles pertaining to Patient B, from the dates of November 19, 2014, to March 24, 2020. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient B. During the aforementioned time period, Respondent prescribed or re-filled the following controlled substances to Patient B:

Date Filled	Prescription	Quantity	Dosage	Schedule
November 19, 2014	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
December 16, 2014	Morphine Sulfate	90 tablets	60 mgs	II
December 19, 2014	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
February 11, 2015	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
March 18, 2015	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
April 17, 2015	Morphine Sulfate	90 tablets	60 mgs	II

1	April 17, 2015	Acetaminophen - Hydrocodone Bitartrate	120 tablets	325 mgs / 10 mgs	II
2	May 15, 2015	Acetaminophen - Hydrocodone Bitartrate	120 tablets	325 mgs / 10 mgs	II
3	June 15, 2015	Acetaminophen - Hydrocodone Bitartrate	120 tablets	325 mgs / 10 mgs	II
4	July 7, 2015	Morphine Sulfate	90 tablets	60 mgs	II
5	July 16, 2015	Acetaminophen - Hydrocodone Bitartrate	120 tablets	325 mgs / 10 mgs	II
6	July 21, 2015	Zolpidem Tartrate	30 tablets	10 mgs	IV
7	September 14, 2015	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
8	September 17, 2015	Morphine Sulfate	90 tablets	60 mgs	II
9	September 23, 2015	Zolpidem Tartrate	30 tablets	10 mgs	IV
10	October 12, 2015	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
11	October 14, 2015	Morphine Sulfate	90 tablets	60 mgs	II
12	October 21, 2015	Zolpidem Tartrate	30 tablets	10 mgs	IV
13	November 13, 2015	Morphine Sulfate	90 tablets	60 mgs	II
14	November 13, 2015	Acetaminophen - Hydrocodone Bitartrate	120 tablets	325 mgs / 10 mgs	II
15	December 16, 2015	Morphine Sulfate	90 tablets	60 mgs	II
16	December 16, 2015	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
17	December 21, 2015	Zolpidem Tartrate	30 tablets	10 mgs	IV
18	January 15, 2016	Morphine Sulfate	90 tablets	60 mgs	II
19	January 15, 2016	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
20	January 18, 2016	Zolpidem Tartrate	30 tablets	10 mgs	IV

1	February 12, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
2	March 14, 2016	Morphine Sulfate	90 tablets	60 mgs	II
3	March 14, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
4	March 14, 2016	Zolpidem Tartrate	30 tablets	10 mgs	IV
5	April 12, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
6	April 12, 2016	Zolpidem Tartrate	30 tablets	10 mgs	IV
7	April 12, 2016	Morphine Sulfate	90 tablets	60 mgs	II
8	May 12, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
9	May 12, 2016	Morphine Sulfate	90 tablets	60 mgs	II
10	June 10, 2016	Morphine Sulfate	90 tablets	60 mgs	II
11	June 10, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
12	June 27, 2016	Zolpidem Tartrate	30 tablets	10 mgs	IV
13	July 6, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
14	July 6, 2016	Morphine Sulfate	90 tablets	60 mgs	II
15	August 5, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
16	August 5, 2016	Morphine Sulfate	90 tablets	60 mgs	II
17	September 2, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
18	September 2, 2016	Morphine Sulfate	90 tablets	60 mgs	II
19	September 6, 2016	Diazepam	30 tablets	5 mgs	IV
20	October 2, 2016	Hydrocodone Bitartrate-Acetaminophen	120 tablets	325 mgs / 10 mgs	II
21	October 2, 2016	Morphine Sulfate	90 tablets	60 mgs	II

1	October 17, 2016	Diazepam	30 tablets	5 mgs	IV
2	October 31, 2016	Morphine Sulfate	90 tablets	60 mgs	II
3	November 1, 2016	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
4	December 1, 2016	Morphine Sulfate	90 tablets	60 mgs	II
5	December 1, 2016	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
6	January 1, 2017	Morphine Sulfate	90 tablets	60 mgs	II
7	February 1, 2017	Hydrocodone Bitartrate- Acetaminophen	120 tablets	325 mgs / 10 mgs	II
8	February 1, 2017	Diazepam	30 tablets	5 mgs	IV
9	February 1, 2017	Morphine Sulfate	60 tablets	60 mgs	II
10	March 3, 2017	Morphine Sulfate	60 tablets	60 mgs	II
11	March 3, 2017	Hydrocodone Bitartrate- Acetaminophen	180 tablets (emphasis added)	325 mgs / 10 mgs	II
12	March 3, 2017	Diazepam	30 tablets	5 mgs	IV
13	March 31, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets (emphasis added)	325 mgs / 10 mgs	II
14	March 31, 2017	Morphine Sulfate	60 tablets	60 mgs	II
15	April 28, 2017	Hydrocodone Bitartrate- Acetaminophen	180 tablets (emphasis added)	325 mgs / 10 mgs	II
16	April 28, 2017	Morphine Sulfate	90 tablets (emphasis added)	60 mgs	II
17	April 28, 2017	Diazepam	30 tablets	5 mgs	IV
18	May 27, 2017	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
19	May 27, 2017	Morphine Sulfate	90 tablets	60 mgs	II
20	May 27, 2017	Diazepam	30 tablets	5 mgs	IV
21	June 23, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets (emphasis added)	325 mgs / 10 mgs	II

1	June 23, 2017	Morphine Sulfate	90 tablets	60 mgs	II
2	July 21, 2017	Diazepam	30 tablets	5 mgs	IV
3	July 21, 2017	Morphine Sulfate	90 tablets	60 mgs	II
4	July 25, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
5	August 21, 2017	Morphine Sulfate	90 tablets	60 mgs	II
6	August 25, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
7	September 1, 2017	Diazepam	30 tablets	5 mgs	IV
8	September 21, 2017	Morphine Sulfate	90 tablets	60 mgs	II
9	September 25, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
10	October 16, 2017	Diazepam	30 tablets	5 mgs	IV
11	October 25, 2017	Morphine Sulfate	90 tablets	60 mgs	II
12	October 26, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
13	November 24, 2017	Morphine Sulfate	90 tablets	60 mgs	II
14	November 24, 2017	Diazepam	30 tablets	5 mgs	IV
15	November 28, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
16	December 26, 2017	Diazepam	30 tablets	5 mgs	IV
17	December 26, 2017	Morphine Sulfate	90 tablets	60 mgs	II
18	December 30, 2017	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
19	January 30, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
20	January 30, 2018	Morphine Sulfate	90 tablets	60 mgs	II
21	February 2, 2018	Diazepam	30 tablets	5 mgs	IV
22	February 28, 2018	Morphine Sulfate	90 tablets	60 mgs	II

1	March 2, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
2	March 30, 2018	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
3	March 30, 2018	Morphine Sulfate	60 tablets	60 mgs	II
4	April 8, 2018	Diazepam	30 tablets	5 mgs	IV
5	April 30, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
6	April 30, 2018	Morphine Sulfate	60 tablets	60 mgs	II
7	May 16, 2018	Diazepam	30 tablets	5 mgs	IV
8	May 30, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
9	May 30, 2018	Morphine Sulfate	60 tablets	60 mgs	II
10	June 29, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
11	June 29, 2018	Diazepam	30 tablets	5 mgs	IV
12	June 29, 2018	Morphine Sulfate	60 tablets	60 mgs	II
13	July 30, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
14	July 30, 2018	Morphine Sulfate	60 tablets	60 mgs	II
15	September 17, 2018	Diazepam	30 tablets	5 mgs	IV
16	September 24, 2018	Morphine Sulfate	60 tablets	60 mgs	II
17	September 28, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
18	September 28, 2018	Morphine Sulfate	60 tablets	60 mgs	II
19	October 28, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
20	October 28, 2018	Morphine Sulfate	60 tablets	60 mgs	II
21	November 6, 2018	Diazepam	30 tablets	5 mgs	IV

1	November 27, 2018	Morphine Sulfate	60 tablets	60 mgs	II
2	November 27, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
3	December 11, 2018	Diazepam	30 tablets	5 mgs	IV
4	December 26, 2018	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
5	December 26, 2018	Morphine Sulfate	60 tablets	60 mgs	II
6	January 23, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
7	January 23, 2019	Morphine Sulfate	60 tablets	60 mgs	II
8	February 22, 2019	Morphine Sulfate	60 tablets	60 mgs	II
9	February 22, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
10	February 22, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
11	March 22, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
12	March 22, 2019	Diazepam	30 tablets	5 mgs	IV
13	March 22, 2019	Morphine Sulfate	60 tablets	60 mgs	II
14	April 22, 2019	Morphine Sulfate	60 tablets	60 mgs	II
15	April 22, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
16	May 20, 2019	Diazepam	30 tablets	5 mgs	IV
17	May 20, 2019	Morphine Sulfate	60 tablets	60 mgs	II
18	May 30, 2019	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
19	June 20, 2019	Morphine Sulfate	60 tablets	60 mgs	II
20	June 29, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
21	July 1, 2019	Diazepam	30 tablets	5 mgs	IV
22	July 22, 2019	Morphine Sulfate	60 tablets	60 mgs	II

1	July 28, 2019	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II
2	August 15, 2019	Diazepam	30 tablets	5 mgs	IV
3	August 23, 2019	Morphine Sulfate	60 tablets	60 mgs	II
4	August 28, 2019	Hydrocodone Bitartrate- Acetaminophen	150 tablets	325 mgs / 10 mgs	II
5	September 16, 2019	Hydrocodone Bitartrate- Acetaminophen	45 tablets	325 mgs / 30 mgs	II
6	September 18, 2019	Diazepam	30 tablets	5 mgs	IV
7	September 19, 2019	Morphine Sulfate	60 tablets	60 mgs	II
8	September 27, 2019	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
9	October 21, 2019	Morphine Sulfate	60 tablets	60 mgs	II
10	October 28, 2019	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
11	November 19, 2019	Morphine Sulfate	60 tablets	60 mgs	II
12	November 27, 2019	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
13	December 18, 2019	Morphine Sulfate	60 tablets	60 mgs	II
14	December 26, 2019	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
15	January 16, 2020	Morphine Sulfate	60 tablets	60 mgs	II
16	January 24, 2020	Hydrocodone Bitartrate- Acetaminophen	200 tablets (emphasis added)	325 mgs / 10 mgs	II
17	February 21, 2020	Morphine Sulfate	60 tablets	60 mgs	II
18	February 24, 2020	Hydrocodone Bitartrate- Acetaminophen	180 tablets	325 mgs / 10 mgs	II
19	March 24, 2020	Morphine Sulfate	60 tablets	60 mgs	II
20	March 24, 2020	Hydrocodone Bitartrate- Acetaminophen	200 tablets	325 mgs / 10 mgs	II

29. Respondent committed the following acts of gross negligence in his care of Patient B, which included but was not limited to, the following:

a.) Between on or about March 18, 2015 and on or about June 27, 2016, Respondent failed to end the use of benzodiazepines and/or sedative hypnotics in Patient B, after 90 days of use;

b.) Between on or about November 19, 2014 and on or about September 18, 2019, Respondent improperly prescribed a combination of central nervous system depressants (opioids and benzodiazepines) to Patient B; and

c.) Between on or about November 19, 2014, and on or about March 24, 2020, Respondent failed to taper or reduce the dosage of opioids prescribed to Patient B.

Patient C

30. In or about June of 2013, Respondent began seeing, Patient C, a then 63 year-old female with a history of low back pain and generalized anxiety disorder.

31. The Board obtained certified pharmacy profiles pertaining to Patient C, from the dates of December 2, 2014, to May 14, 2020. During that time period, Respondent prescribed large amounts of a variety of controlled substances to Patient C. During the aforementioned time period, Respondent prescribed or re-filled the following controlled substances to Patient C:

Date Filled	Prescription	Quantity	Dosage	Schedule
December 2, 2014	Clonazepam	90 tablets	1 mg	IV
January 2, 2015	Clonazepam	90 tablets	1 mg	IV
February 10, 2015	Clonazepam	90 tablets	1 mg	IV
February 20, 2015	Hydrocodone Bitartrate-Acetaminophen	20 tablets	325 mgs / 5 mgs	II
March 10, 2015	Clonazepam	60 tablets	1 mg	IV
March 23, 2015	Hydrocodone Bitartrate-Acetaminophen	21 tablets	325 mgs / 5 mgs	II
April 23, 2015	Clonazepam	60 tablets	1 mg	IV

1	May 22, 2015	Clonazepam	60 tablets	1 mg	IV
2	June 25, 2015	Clonazepam	60 tablets	1 mg	IV
3	July 28, 2015	Clonazepam	60 tablets	1 mg	IV
4	August 12, 2015	Hydrocodone Bitartrate- Acetaminophen	20 tablets	325 mgs / 5 mgs	II
5	August 28, 2015	Clonazepam	60 tablets	1 mg	IV
6	September 30, 2015	Clonazepam	60 tablets	1 mg	IV
7	October 27, 2015	Clonazepam	60 tablets	1 mg	IV
8	November 6, 2015	Hydrocodone Bitartrate- Acetaminophen	20 tablets	325 mgs / 5 mgs	II
9	November 23, 2015	Clonazepam	60 tablets	1 mg	IV
10	December 21, 2015	Clonazepam	60 tablets	1 mg	IV
11	January 18, 2016	Clonazepam	60 tablets	1 mg	IV
12	February 18, 2016	Clonazepam	60 tablets	1 mg	IV
13	March 15, 2016	Hydrocodone Bitartrate- Acetaminophen	60 tablets (Emphasis added)	325 mgs / 10 mgs	II
14	March 21, 2016	Clonazepam	60 tablets	1 mg	IV
15	April 14, 2016	Hydrocodone Bitartrate- Acetaminophen	60 tablets	325 mgs / 10 mgs	II
16	April 20, 2016	Clonazepam	60 tablets	1 mg	IV
17	May 19, 2016	Hydrocodone Bitartrate- Acetaminophen	60 tablets	325 mgs / 10 mgs	II
18	May 19, 2016	Clonazepam	60 tablets	1 mg	IV
19	June 17, 2016	Hydrocodone Bitartrate- Acetaminophen	60 tablets	325 mgs / 10 mgs	II
20	June 20, 2016	Clonazepam	60 tablets	1 mg	IV
21	July 18, 2016	Hydrocodone Bitartrate- Acetaminophen	60 tablets	325 mgs / 10 mgs	II
22	July 18, 2016	Clonazepam	60 tablets	2 mgs	IV

1	August 15, 2016	Clonazepam	60 tablets	2 mgs	IV
2	August 18, 2016	Hydrocodone Bitartrate- Acetaminophen	16 tablets	325 mgs / 5 mgs	II
3	August 25, 2016	Carisoprodol	60 tablets	350 mgs	IV
4	August 25, 2016	Hydrocodone Bitartrate- Acetaminophen	90 tablets (Emphasis added)	325 mgs / 10 mgs	II
5	September 12, 2016	Clonazepam	30 tablets	2 mgs	IV
6	September 24, 2016	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
7	September 29, 2016	Carisoprodol	60 tablets	350 mgs	IV
8	October 13, 2016	Clonazepam	30 tablets	2 mgs	IV
9	October 17, 2016	Promethazine HCL – Codeine phosphate	90 doses of syrup	6.25 mgs / 5 ml-10 mgs / 5 ml	V
10	October 24, 2016	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
11	November 1, 2016	Carisoprodol	60 tablets	350 mgs	IV
12	November 10, 2016	Clonazepam	30 tablets	2 mgs	IV
13	November 23, 2016	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
14	December 12, 2016	Clonazepam	30 tablets	2 mgs	IV
15	December 12, 2016	Carisoprodol	60 tablets	350 mgs	IV
16	December 23, 2016	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
17	January 12, 2017	Clonazepam	30 tablets	2 mgs	IV
18	January 13, 2017	Carisoprodol	60 tablets	350 mgs	IV
19	January 21, 2017	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
20	February 9, 2017	Carisoprodol	60 tablets	350 mgs	IV
21	February 9, 2017	Clonazepam	30 tablets	2 mgs	IV

February 21, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
March 20, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
March 21, 2017	Carisoprodol	60 tablets	350 mgs	IV
March 21, 2017	Clonazepam	30 tablets	2 mgs	IV
April 20, 2017	Clonazepam	30 tablets	2 mgs	IV
April 20, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
April 20, 2017	Carisoprodol	60 tablets	350 mgs	IV
May 20, 2017	Clonazepam	60 tablets (Emphasis added)	2 mgs	IV
May 20, 2017	Carisoprodol	60 tablets	350 mgs	IV
May 20, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
June 19, 2017	Clonazepam	60 tablets	2 mgs	IV
June 19, 2017	Carisoprodol	60 tablets	350 mgs	IV
June 20, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
July 19, 2017	Clonazepam	60 tablets	2 mgs	IV
July 19, 2017	Carisoprodol	60 tablets	350 mgs	IV
July 20, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
August 18, 2017	Clonazepam	60 tablets	2 mgs	IV
August 19, 2017	Carisoprodol	60 tablets	350 mgs	IV
August 19, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
September 18, 2017	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
September 20, 2017	Clonazepam	60 tablets	2 mgs	IV

1	September 20, 2017	Carisoprodol	60 tablets	350 mgs	IV
2	October 23, 2017	Carisoprodol	60 tablets	350 mgs	IV
3	October 23, 2017	Clonazepam	60 tablets	2 mgs	IV
4	October 26, 2017	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
5	November 28, 2017	Clonazepam	60 tablets	2 mgs	IV
6	November 28, 2017	Carisoprodol	60 tablets	350 mgs	IV
7	November 28, 2017	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
8	December 28, 2017	Clonazepam	60 tablets	2 mgs	IV
9	December 28, 2017	Carisoprodol	60 tablets	350 mgs	IV
10	December 28, 2017	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
11	January 26, 2018	Clonazepam	60 tablets	2 mgs	IV
12	January 26, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
13	January 26, 2018	Carisoprodol	60 tablets	350 mgs	IV
14	February 26, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
15	March 2, 2018	Clonazepam	60 tablets	2 mgs	IV
16	March 2, 2018	Carisoprodol	60 tablets	350 mgs	IV
17	April 2, 2018	Clonazepam	60 tablets	2 mgs	IV
18	April 2, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
19	April 2, 2018	Carisoprodol	60 tablets	350 mgs	IV
20	May 1, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
21	May 1, 2018	Carisoprodol	60 tablets	350 mgs	IV
22	May 1, 2018	Clonazepam	30 tablets	2 mgs	IV

1	May 29, 2018	Clonazepam	30 tablets	2 mgs	IV
2	May 29, 2018	Carisoprodol	60 tablets	350 mgs	IV
3	May 29, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
4	June 27, 2018	Clonazepam	30 tablets	2 mgs	IV
5	June 27, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
6	June 27, 2018	Carisoprodol	60 tablets	350 mgs	IV
7	July 25, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
8	July 25, 2018	Carisoprodol	60 tablets	350 mgs	IV
9	July 25, 2018	Clonazepam	30 tablets	2 mgs	IV
10	August 23, 2018	Clonazepam	30 tablets	2 mgs	IV
11	August 23, 2018	Carisoprodol	60 tablets	350 mgs	IV
12	August 27, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
13	September 21, 2018	Clonazepam	30 tablets	2 mgs	IV
14	September 26, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
15	October 19, 2018	Clonazepam	30 tablets	2 mgs	IV
16	October 26, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
17	November 16, 2018	Clonazepam	30 tablets	2 mgs	IV
18	November 26, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
19	December 14, 2018	Clonazepam	30 tablets	2 mgs	IV
20	December 26, 2018	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
21	January 11, 2019	Clonazepam	30 tablets	2 mgs	IV

1	January 15, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
2	February 8, 2019	Clonazepam	30 tablets	2 mgs	IV
3	February 26, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
4	February 26, 2019	Clonazepam	30 tablets	2 mgs	IV
5	March 27, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
6	March 27, 2019	Clonazepam	30 tablets	2 mgs	IV
7	April 10, 2019	Clonazepam	30 tablets	2 mgs	IV
8	April 26, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
9	May 6, 2019	Clonazepam	30 tablets	2 mgs	IV
10	May 29, 2019	Clonazepam	30 tablets	2 mgs	IV
11	May 31, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
12	July 1, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
13	July 2, 2019	Clonazepam	60 tablets	2 mgs	IV
14	July 31, 2019	Clonazepam	60 tablets	2 mgs	IV
15	July 31, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
16	August 29, 2019	Clonazepam	60 tablets	2 mgs	IV
17	August 30, 2019	Hydrocodone Bitartrate- Acetaminophen	90 tablets	325 mgs / 10 mgs	II
18	October 1, 2019	Hydrocodone Bitartrate- Acetaminophen	69 tablets	325 mgs / 10 mgs	II
19	October 1, 2019	Hydrocodone Bitartrate- Acetaminophen	21 tablets	325 mgs / 10 mgs	II
20	October 14, 2019	Clonazepam	60 tablets	2 mgs	IV

November 12, 2019	Hydrocodone Bitartrate-Acetaminophen	21 tablets	325 mgs / 10 mgs	II
November 12, 2019	Hydrocodone Bitartrate-Acetaminophen	69 tablets	325 mgs / 10 mgs	II
November 13, 2019	Clonazepam	60 tablets	2 mgs	IV
December 11, 2019	Clonazepam	60 tablets	2 mgs	IV
December 17, 2019	Hydrocodone Bitartrate-Acetaminophen	69 tablets	325 mgs / 10 mgs	II
December 17, 2019	Hydrocodone Bitartrate-Acetaminophen	21 tablets	325 mgs / 10 mgs	II
January 10, 2020	Clonazepam	30 tablets	2 mgs	IV
January 10, 2020	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
February 7, 2020	Clonazepam	30 tablets	2 mgs	IV
February 14, 2020	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
March 6, 2020	Clonazepam	30 tablets	2 mgs	IV
March 13, 2020	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
April 6, 2020	Clonazepam	30 tablets	2 mgs	IV
April 14, 2020	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II
May 6, 2020	Clonazepam	30 tablets	2 mgs	IV
May 14, 2020	Hydrocodone Bitartrate-Acetaminophen	90 tablets	325 mgs / 10 mgs	II

32. Respondent committed the following acts of gross negligence in his care of Patient C, which included but was not limited to, the following:

- a.) Between on or about December 2, 2014 and on or about May 6, 2020, Respondent failed to end the use of benzodiazepines and/or sedative hypnotics in Patient C, after 90 days of use;

b.) Between on or about February 20, 2015 and on or about May 14, 2020, Respondent improperly prescribed a combination of central nervous system depressants to Patient C; and

c.) Between February 20, 2015 and on or about May 14, 2020, Respondent failed to reasonably taper Patient C's opioid regimen.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

33. Respondent's license is subject to disciplinary action under section 2234, subdivision (c) of the Code, in that he committed repeated negligent acts during the care and treatment of Patient A, Patient B, and Patient C, as more fully described in paragraphs 22 through 32 above, and those paragraphs are incorporated by reference as if fully set forth herein.

THURD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

33. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 22 through 33 above, which are hereby realleged and incorporated by reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License Number PA 12506, issued to Francisco H. Martinez, P.A.;

2. Ordering Francisco H. Martinez, P.A. to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

1 3. Ordering Francisco H. Martinez, P.A., if placed on probation, to pay the Physician
2 Assistant Board the costs of probation monitoring; and

3 3. Taking such other and further action as deemed necessary and proper.
4

5 DATED: December 9, 2021

Rozana Khan

ROZANA KHAN
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
Complainant

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